

2017 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B16000000240

Entity Name: FAW, CASSON & CO. LLP

Current Principal Place of Business:

9748 STEPHEN DECATUR HWY 102
OCEAN CITY, MD 21842

Current Mailing Address:

FAW, CASSON & CO., LLP
PO BOX 718
OCEAN CITY, MD 21843 US

FEI Number: 52-0619968

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARPER, LAUREN S CPA
698 NE SPANISH RIVER BLVD APT26
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document # _____
Name HARPER, LAUREN S
Address 9748 STEPHEN DECATUR HWY
City-State-Zip: OCEAN CITY MD 21842

Document # _____
Name HASTINGS, LISA S
Address 160 GREENTREE DRIVE, 203
City-State-Zip: DOVER DE 19904

Document # _____
Name FONDA, KIMBERLY A
Address 160 GREENTREE DRIVE, 203
City-State-Zip: DOVER DE 19904

Document # _____
Name HOUCK, ALISON L
Address 20245 BAY VISTA ROAD
City-State-Zip: REHOBOTH BEACH DE 19971

Document # _____
Name ORDWAY, TAMMY J
Address 160 GREENTREE DRIVE 203
City-State-Zip: DOVER DE 19904

Document # _____
Name STETINA, BRIAN J
Address 160 GREENTREE DRIVE 203
City-State-Zip: DOVER DE 19904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN S. HARPER

PARTNER

01/30/2017

Electronic Signature of Signing General Partner Detail

Date